



Environmental Laboratory Licensure Application

PART A - Laboratory Information

Laboratory Services

250 N. 17th Avenue
Phoenix, AZ 85007-3231
602-364-0720
FAX 602-364-0759

THIS FORM IS TO BE USED FOR **FIXED** AS WELL AS **MOBILE** LABORATORIES
ALL SECTIONS OF PART A MUST BE COMPLETED PRIOR TO SUBMITTAL

NON-REFUNDABLE APPLICATION FEES - CIRCLE APPLICABLE FEE

Category	Description	Non-Refundable Fee
Single Laboratory classification application fee:		
LEVEL I	A license for compliance testing is limited to 1 to 9 total parameters in any combination of categories of laboratory testing.	\$1677.00
LEVEL II	A license for compliance testing is limited to 10 to 17 total parameters in any combination of categories of laboratory testing.	\$2130.00
LEVEL III	A license for compliance testing for greater than 17 total parameters in any combination of categories of laboratory testing.	\$2348.00
Multiple laboratories applying under the single license option (A.A.C. R9-14-603.): (Available for FIXED and MOBILE ARIZONA BASED Laboratories only.)		
LEVEL I	Each Laboratory	\$1442.00
LEVEL II	Each Laboratory	\$1895.00
LEVEL III	Each Laboratory	\$2130.00

AZ # (If known): _____

USEPA #: _____

NAME OF LABORATORY: _____

DIVISION: _____

LABORATORY LOCATION: (Actual location)

Street: _____

City: _____

County: _____ State: _____ Zip Code: _____

Telephone: _____ FAX Number: _____

E-mail address: _____

MAILING ADDRESS:

Street: _____

City: _____ State: _____ Zip Code: _____

AS REQUIRED BY A.A.C. R9-14-603.A.6&7, PLEASE PROVIDE A LIST OF ALL PERSONS, AND BUSINESS ENTITIES, SUCH AS CORPORATIONS OR PARTNERSHIPS, WHICH HAVE AN OWNERSHIP INTEREST IN THE LABORATORY. INCLUDE THE ADDRESS AND TELEPHONE NUMBER FOR EACH PERSON AND ENTITY LISTED. FOR EACH BUSINESS ENTITY LISTED ABOVE, PROVIDE A LIST OF OFFICERS AND PRINCIPALS FOR EACH ENTITY, AND THE STATUTORY AGENT FOR SERVICE OF PROCESS. ATTACH ANOTHER SHEET IF DESIRED.

Statutory Agent (If applicable): _____

Laboratory Director: _____

LABORATORY CATEGORY:

☐ Governmental

☐ Commercial (for profit)

☐ Company (internal work only)

☐ Other (specify): _____

IS THIS LABORATORY A MOBILE LABORATORY? ☐ Yes ☐ No

If yes, please complete:

Vehicle Make: _____ Arizona Vehicle License No.: _____

Vehicle ID No.: _____

Is this mobile laboratory affiliated with a nonmobile laboratory? ☐ Yes ☐ No

If yes, please complete the following:

Name of Nonmobile Laboratory: _____

Please select the option that appropriately represents your laboratory organization. As per A.R.S. 36.495.03.D, A.A.C. R9-14-603.A.22 & 23, the laboratory is required to submit two different names, one for laboratory director and one for owner as defined below. Exceptions are where the owner is the laboratory director.

- ☐ A. If the owner is an individual, the individual;
- ☐ B. If the owner is a corporation, an officer of the corporation;
- ☐ C. If the owner is a partnership, one of the partners;
- ☐ D. If the owner is a limited liability company, a manager or, if the limited liability company does not have a manager, a member of the limited liability company;
- ☐ E. If the owner is an association or cooperative, a member of the governing board of association or cooperative;
- ☐ F. If the owner is a joint venture, one of the individuals signing the joint venture agreement;
- ☐ G. If the owner is a governmental agency, the individual in the senior leadership position with the agency or an individual designated in writing by the individual; or
- ☐ H. If the owner is a business organization type other than those described in subsections (A)(23)(b) through (f), an individual who is a member of the business organization.

I hereby make application for a license. The information contained in this application, including supplemental pages, is to the best of my knowledge and belief, true and complete.

Printed Name	Signature of Owner/Officer/Partner	Date

Printed Name	Signature of Second Owner/Officer/Partner (If applicable)	Date

Printed Name	Signature of Laboratory Director	Date

STATE OF _____

COUNTY OF _____

Subscribed and sworn before me this _____ day of _____ 20_____

By _____

NOTARY PUBLIC _____